

COVER PAGE

MAR 16 2009

*A Public Document*

Please type or print in ink.

GOVERNOR'S OFFICE

NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH
Maguire	Daniel	Patrick	( 916 ) 445-0873
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
State Capitol		Sacramento	CA 95814
			OPTIONAL: FAX / E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Governor's Office

Division, Board, District, if applicable:

Your Position:

Deputy Legal Affairs Secretary

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 16 March 2009  
(month, day, year)

Signature \_\_\_\_\_  
(Print name in full)

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Dan Maguire</u>
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► NAME OF SOURCE  
Governor Arnold Schwarzenegger  
 ADDRESS  
State Capitol, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 01 / 09	\$ 81.18	jacket
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_